FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County Harland	Registration Dist. No. 18
Village or City Celevilien B. F.D.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or lown where deeth occurred 20 yrsmos.	
2. FULL NAME Mrs. Fillie Baldwi	n management of the second
(a) Residence: No. Short Lane	St. Cutsoners.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH frue 4 1935
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
(or) WIFE of my Joseph G. Baldwin	22. I HEREBY CERTIFY. Thet I ettended deceased from
5. DATE OF BIRTH (month, day, and year) Of, 20-1882	I last saw h & alive on April 1, 1935; death Is seld
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the dete stated el/ove, at 1. 2
52 53 5 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trede, profession, or particular kind of work done, es SPINNER, Arusewife SAWYER, BOOKKEEPER, etc.	01 : 00 17:
9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	Chrone Mystersus
10. Date deceesed last worked at Discourage of this occupation (month and 9.3.4.	
11-100	Other Contributory Causes of importance:
(State or country)	
13. NAME 7	•
14. BIRTHPLACE (city or town)	Neme of operation
(State or country)	What test confirmed diagnosis? Wes there an europsy?
15. MAIDEN NAME RES	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
E (State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mr. A Syth G. Baldwin (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, AR REMOVAL	Menner of injury
Place Litheran country Deterflux 6, 195	Nature of injury
19. UNDERTAKER Henry James Jone- (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Pol 5- 19 \$5 - Of Michael	(Signed) ON Many M.D.)
Registrar.	(Address)
15 more blanks are needed, address State Kegistrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. J.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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e of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
	Attack of aniloney	
	Attack by epitepsy	1 week ago
1921	Run over by street car	1 week ago
y5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
y 1,1923	Gastroenteritis	1 year
		Other contributory causes of importance:

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND,—CERTIFICATE OF DEATH 1. PLACE OF 1000 plnods Registration Dist. No. Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS statement How long In U.S. if of foreign birth?__ RECORD. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH PERMANENT (Month) BINDING (Day) (Year) 5a. If married, widowed, og divorcad HUSBAND of (or) WIFE of That I attended deceased from × (E) 6. DATE OF BIRTH (month, day, and year) ULLA certificate properly 7. AGE Months If LESS than to have occurred on the date stated abova, at-FOR 1 day.____hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: Date of onset 8. Trada, profassion, or particular OCCUPATION RESERVED be kind of work done, as SPINNER, of SAWYER, BOOKKEEPER, etc. may back 9. Industry or businass in which plnods work was dona, as SILK MILL, SAW MILL, BANK, etc..... uo 1D. Date decaasad last worked at 11. Total time (years) this occupation (month and that spant in this 445 **(** instructions occupation ___ Other Contributory Causes of importanca MARGIN 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town). plain (State or country) efully What test confirmed diagnosis? OTHER important. 23. If death was due to external causes (VIOLENCE) fill in also the following: OF DEATH Accident, suicide, or homicide?___ Date of injury ž (State or country) Where did injury occur?. (Specify city or town, county and State) should Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION OR REMOVA Manner of Injury CAUSE mation NOLL Nature of injury. 24. Was diseasa or injury in any way ralated to occupation of deceased? 19. UNDERTAKER (Address) If so, specity

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Example I		Example II	
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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DUREAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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state OCCUPA 1. PLACE OF DEATH plnods County_ Village or City_ (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Langth of residence in city or town where death occurred How long in U.S. If of foreign birth? statement 2. FULL NAME CD. (a) Residence: No. (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT FOR BINDING 5a. If married, widowed, or divorced Ü HUSBAND of (or) WIFE of 回 certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than proper Months to have occurred on the date stated above, at 1 day, ____ hrs. Tha PRINCIPAL CAUSE OF DEATH and related causes of importance .min. 8. Trade, profession, or particular PATION RESERVED kind of work done, as SPINNER Jo SAWYER, BOOKKEEPER, etc ... back may 9. Industry or business in which should work was done, as SILK MILL occui SAW MILL, BANK, etc 10: Oate deceased last worked at on 11. Total time (years) this occupation (month and spent in this that caupation instructions UNFADING 12. BIRTHPLACE (city or to (State or countr. supplied. FATHER 13. NAME See plain 14. BIRTHPLACE (city or town) Name of operation. (State or country) should be carefully What test confirmed diagnosis? MOTHER important. 15. MAIDEN NAME in 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? DEATH 16. BIRTHPLACE (city of town) (State or country) Where did injury occur?_____ Specify whathar Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. very (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Mannar of injury WRITE mation 02 Nature of injury 19. UNOERTAKEA (Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No. If nonresident give city or town and State CERTIEY. That I attended deceased from (Specify city or town, county and State) related to occupation of decaased?

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STATE OF MARYLAND-CERTIFICATE OF DEATH state 1. PLACE OF DEATH 220 Registration Dist. No. item of plnods County Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) 9 Juds. How long in U.S. if of foreign birth? ______yrs. _____mos._____ds. XSICIANS D. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) (Dey) (Year) dower 5a. If married, widowed, or divorced HUSBAND of HEREB CERTIFY, That I attended deceased from 22. (or) WHEE of 6. DATE OF BIRTH (month, day, and year) certificate. to have occurred on the date stated above, at List Som If LESS than Months Days properl 7. AGE f dayhrs. The PRINCIPAL CAUSE OF DEATH end releted causes of importance or min. were as follows: Date of onset 8. Trade, profession, or particular CUPATION kind of work done, as SPINNER, pe Jo SAWYER, BDDKKEEPER, etc. a Luden may back Industry or business in which plnods work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years) / 4 10. Dato deceased last worked at on spent in this this occupation (month end that occupation ____ instructions Other Contributory Canses of importance ADING MARGIN 12. BIRTHPLACE (city or town) (State or country) supplied terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country) Was there en au'opsy? What test confirmed diagnosis?. efull MOTHER 23. If death was due to external causes (VIDLENCE) fill in also the following: 15. MAIDEN NAME important. E. Accident, suicide, or homicide?______ Date of Injury______, 19_____ car DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____. pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. very should OF (Address) # 5 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury S CAUSE mation LION 24. Was disease or injury in any related to occupation of deceesed? LO. UNDERTAKER (Address) If so, specify O. FILED CL Registrar. (Address)

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BUREAU V. S			
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Gallstones	May 1,1923	Gastroenteritis	1 year

O. Every item of infor-	SICIANS should state	tatement of OCCUPA-	/		/
RMANENT RE-RI	XACTLY. PHYS	classified. Exact st			3
IS A PE	stated E	properly	ertificate.	7	
BEWRITE PLACY, WER UNFADING INK-THIS IS A PERMANENT RECAD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.	NOTE NOTE OF THE PROPERTY OF T	יייייייייייייייייייייייייייייייייייייי
LY, W.	e careful	ATH in p	nportant.	MOTHER	1111
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RITE F	ion sho	USE OI	A SI NO	1	8
N/A	mat	CA	TIC	1	9

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(210-m)
County Harford	Registration Dist. No. 185
	No. Margital St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME / Perom of Dyes	Quitade.
(a) Residence: No. 20 & 3 W 15 20 - No. (Usual place of abode)	St., Ward. Bultumore, M.A If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Virginia Byer.	22. I HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and year) Dec. 8-1902	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
32 4 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Frade, profession, or particular	transferred stull Date of onset
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. Machinet	Tutercranial Hemsorage
© Industry or business in which work was done, as SILK MILL, Shipfulding Rland SAW MILL, BANK, etc	
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation — occupation —	
British West & Sie	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAMENOUN 6. Byev.	
14. BIRTHPLACE (city or town)	Name of acception
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Data of Was there an autonsy?
15. MAIDEN NAME thee Leves.	
15. MAIDEN NAME Thek dery. 16. BIRTHPLACE (city or town) Prists West India	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town). A Constant Cons	Where did injury occur? Portle & - Hear Celora Greek
Mr. Fthel Burn.	(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME or in PUBLIC PLACE.
17. INFORMANY (Address) 28 23 to Ballout Ballo	ou public road in ceed 60-
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury I westerning of Truck
Place Woll and Com Date of 13, 1900	Nature of Injury Frakelund Ostull
19. UNDERTAKED TW L Blyer Ju (Address) 1517 Hallie of Balt ha	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED april 12, 1356 Rarles & Faley . J.	(Signed) Joseph Taybuyger (Coroug M. D.
Registrar.	(Address) Have a water mo.
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		13/	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH should Registration Dist. No. Village or Gity (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred How long In U.S. if ol foreign birth? ______ vrs. _____ mos. PHYSICIAN (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) make 5a. If merried, widowed, or divorced HUSBAND of 22. ERTIFY. That I attended deceased from (or) WIFE of 田 certificate. 6. DATE OF BIRTH (month, day, end year) 7. AGE proper Months If LESS than to have occurred on the date steted shove et 1 day, ---- hrs. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance or____min. Date of onset 8. Trade, profession, or perticular NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. CCUPAT back 9 Industry or business in which may work wes done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked at 11. Totel time (yeers) ŏ spant in this this occupation (month and that occupation. instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (Stata or country) supplied. FATHER 13. NAME 14. BIRTHPLACE (city or town) plain (State or country) efully What test confirmed diegnosis? MOTHER important. 15. MAIDEN NAME 23. If deeth was due to externel causes (VIOLENCE) fill in also the following 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? DEATH (Stete or country) Where did injury occur?___ be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE should OF Menner of injury 0 Nature of injury 24. Was disease or injury in env way relace d to occupation of deceased? (Address) If so, specify (Signed)

BINDING

RESERVED

20. FILED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED

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Gallstones	May 1,1923	Gastroenteritis	1 year

infor-1. PLACE OF DEATH should item Village or City ND. (If death occurred in a S Length of residence in city or lown where death occurred statement PHYSICIAN 2. FULL NAME (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED: 21. DATE O OR DIVORCED (write tha word) classified. 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) properly certificate 7. AGE Years Months Oays If LESS than to have occurred I day, -----hrs. The PRINCIPAL or min. were as follows: 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, pe be Jo SAWYER, BOOKKEEPER, etc. Industry or business in which back may should work was done, as SILK MILL, SAW MILL, BANK, etc. Oate deceased last worked at 11. Total time (years) this occupation (month and spant in this that instructions Other Contribute 12. BIRTHPLACE (city or town) (Stata or country) supplied. in plain terms, FATHER See Name of operation 14. BIRTHPLACE (city or town) (State or country) efully What test confirm MOTHER 15. MAIOEN NAME 23. If death was di important Accident, suicide OF DEATH 16. BIRTHPLACE (city or town) ... & Land (State or country) Where did injury wirza Specify whether 17. INFORMANT plnods verv (Address) Manner of injury CAUSE Nature of injury 24. Was disease o (Address) of so, specify (Signed) Registrar.

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Registrati	on Dist. No.	18	2
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or homicide?			
Occur? (Specify city njury occurred in INOUSTRY, in	HOME, or in F	PUBLIC PLA	ACE.
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil eugineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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RECORD PHYS Exact str	
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
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N. B. L.)

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95€
County Hardord	Registration Dist. No. 18
Village or City after deen B. F. to.	No. St., Ward
Length of residence in city or town where death occurred 6_yrs, 2mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
2. FULL NAME Pamelia & a Smith	Yourself.
(a) Residence: No. Paradise Road	s Centricologo
(Usual place of abode)	If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7 sex 4. COLOR OR RACE OR DIVORCED (write the word) with with without the word)	21. DATE OF DEATH April 3rd (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Charles E. Yorrell	22. I HEREBY CERTIFY, That I attended deceased from March 1930, to April 3rd 1935
6. DATE OF BIRTH (month, day, and year) Jan 3 1863	I last saw h. er alive on April 3rd 19 35; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 10. 30 m.
72 3 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Coronary thrombosis
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	OUTOHAL S VIII OMBOSIS
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BfRTHPLACE (city or town) Churchwilla (State or country) Maruland	Chronic arterial hypertension 8-10 Enlargement of heart
13. NAME Richard Smith	auricular fibrillation
13. NAME Richard Smith 14. BIRTHPLACE (city or town) Churchville Maryland (State or country)	Name of operation. What test confirmed diagnosis? Llinical Was there an autopsy? No.
15. MAIDEN NAME Eliza ann Hanna	23. If death was due to external causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Eliza and Warks 16. BIRTHPLACE (city or town) Belair, Maryland (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mrs. William W. Cronin (Address) aberdeen, maryland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR TEMOVAL Cosset of fl 5, 19 35	Manner of injury
19. UNDERTAKER Stenny Jarring Sons (Address) Charles md	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILE fil 5 35 OG Illerhard Registrar.	(Signed)
If more blanks are needed, address State Registrar,	1411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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Other contributory causes of importance: Gallstones	May 1, 1923	Other contributory causes of importance: Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

te :	STATE OF MARYLAND—	CERTIFICATE OF DEATH
sta UP/	1. PLACE OF DEATH	92:00
of of of of	County Harford	Registration Dist. No. 18
shot f O	Village or City U Level	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
y it	Length of residence in city or town where death occurred 6 5yrs. 5 mos.	
Every IANS sment	2. FULL NAME / Trank	tilton
SIC tate	(a) Residence: No.	St., Ward. If nonresident give city or town and State
HY	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T REC	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Office (North) (Day) (Year)
ANEN ACTI ssifted.	5a. If married, widowed, or divorced HUSBAND of (or) WHEE of Colo O At I to	22. I HEREBY CERTIFY. That I attended deceased from
EX EX Iy cla	6. DATE OF BIRTH (month, day, and year) DC, 15, 1869 7. AGE Years Months Days If LESS than	1 last saw h alive on a fail 1, 1931; death is said to have occurred on the date stated above, at
IS A PI stated I properly certificat	65 5 /8 1 day, hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
r HIS d be y be k of c	8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEPPR, etc. 9. Industry or business in which	Mital Regargelation
INK-T should it may on back	work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and spent in this occupation)	
NFADING I pplied. AGE erms, so that instructions	year) occupation occup	Other Coutributory Causes of importance:
FAD ied. ns, s	(State or country) mg	
	13. NAME Jyod 11. BIRTHPLACE (city or town) 12. Challe of country)	Name of operation V Date of
I'TH U	(State or country)	What test confirmed diagnosis? Was there an au'opsy?
WITH efully in pla ant.	15. MAIDEN NAME alice Atlanta	23. If death was due to external causes (VIOLENCE) fill in also the following:
D - 14	o 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of Injury, 19
ld be careful DEATH in 1	State or country) 17. INFORMANT Clare Country 17. INFORMANT Clare 17. INFORMANT 17. INFO	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
E PLA should OF D	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Grund Mygoate Mrs 7, 19 36	Nature of injury.
-WRITE mation s CAUSE TION is	19. UNDERTAKER ST. Spilly (Address) Saling to Miles	24. Was disease or injury in any way related to occupation of deceased?
i T	20. FILED april 3, 1935 Betha B. Knight	(Signed) The Control M. D. (Address) David Grand M. D.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND— 1. PLACE OF DEATH County Furface	CERTIFICATE OF DEATH Registration Dist. No. / 6	263
Village of City Levy fram, ned	f No. St., f death occurred in a hospital or institution, give its NAME instead of street and no. ds. How long in U.S. if of foreign birth? yrs. mo	
(a) Residence: No. (Usua/place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR-DIVORCED (write the word) 5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of A TABLE TO THE SECOND OF TH	21. DATE OF DEATH (Month) 22. 1 HEREBY CERTIFY, That I attended of	. 7
6. DATE OF BIRTH (month, day, and year) Months Days If LESS than 1 day,hrs.	I last saw h alive on April 26, 19.35 to have occurred on the date steed above, at J m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	; death is said
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Premioned Brownia	Date of onset 4-2/s
10. Date deceased lest worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (Stete or country) 11. Total time (years) spent in this occupation 12. Dirthplace (city or town) (Stete or country)	Other Contributory Causes of importance:	
13. NAME Michael Hane.		
13. NAME Welal Jane, 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an air	uloneu?
15. MAIDEN NAME Disable Patters 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. MAIDEN NAME 19. Martin (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	, 19
18. BURIAL, CREMATION, OR REMOVAL Place Mil. Junian Lew. Date april., 29, 1935.	Manner of injury	
19. UNDERTAKER Periningtonesson: (Address) Lave def braco. Lud 20. FILED GRU 7-8, 19 75 () () () () () () ()	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)	M. D.
Registrar. If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting O. S. No. 1.	AVE

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEA	S	TATE	OF	MARYL	AND-	CERTIFI	CATE	OF	DEA	Т
--------------------------------------	---	------	----	-------	------	---------	------	----	-----	---

1. PLACE O	F DEAT	H	וויותויו	ILAND	CERTIFICATE OF BEATH	64
County					Registration Dist. No.	
/			rsenal, M	aryland	No. Station Hospital St., If death occurred in a hospital or institution, give its NAME instead of street and number	Ward
Length of resi	idence in city	y or town where	death occurred	Q _yrsQ _mos	s. 1 ds How long in U.S. if of foreign birth?	ds.
2. FULL NA	ME	Louis Ku	ronye			
(a) Residen	ice: No		420 Mecha (Usual place	nic of abode)	St., Ward. Bethlehem, Pa	
PERSON	IAL ANI	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR	OR RACE		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH April 26.	
5a. If married, widow	-		- Uligi		(Month) (Day)	(Year)
HUSBAND of (or) WIFE of					22. I HEREBY CERTIFY, That I attended decea	
6. DATE OF BIRTH	(month, day,	, and year)Nov	ember 10.	1912	April 25 ,19 35 ,to April 26 . Hast saw him alive on April 25 ,19 35 ; dea	19 35 of the is said
7. AGE Yea	ırs	Months	Days	If LESS than 1 day, hrs.	to have occurred on the date stated above, at 12:55Am.	
	2	5	16	Ore min.	THE CAUSE OF DEATH and related causes of importance	e of onset
8. Trade, profer kind of v	ssion, or par work done, a	rticular is SPINNER, C PER, etcC	~~		Fracture of skull, multiple, of	
SAWYER, 9. Industry or			CC		right vault and right base	
work was	s done, as SI L. BANK, et	ILK MILL,	CC			
O Date decease		ked at	11. Total ti spen occu	me (years) It in this 1/365		
12. BIRTHPLACE (cit (State or cour		Un	known		Other Contributory Causes of Importance: Laceration of brain tissue, exten- sive in right fronto, parieto and	
2 13. NAME []	nknow	n			temporal regions	
13. NAME U			n		Name of operation None Date of	
(State or		VII.) -VAA2542 5C EE			What test confirmed diagnosis?. Autopsy Was there an au'ops	v?Yes
15. MAIDEN NA	ME Unk	nown (Mr	s Mary Ku	ronye)	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
5 16. BIRTHPLACE		vn) Un		***************************************	Accident, suicide, or homicide? Accident Date of injury Apr 2 Where did injury occur? Fort Hoyle, Md. Hands	5/35
17. INFORMANT (Address)		ial Mili Hoyle.		rds	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Industry	
18. BURIAL, CREMAT	ION OP PE	MOVAT		1, 27, 19 35	Manner of injury Thrown from motor truck Nature of Injury Depressed fracture of skull	
19. UNDERTAKER (Address)		d McCom			24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify As provided required duties.	
20. FILED April		7	1	alok Registrar,	(Signed) H. F. PHILAPS, Major MC (Address) Edgewood Arsenal, Maryland	M. D.
			100			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
E BUREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

PHYSICIANS should state RD. Every item of infor-Exact statement of OCCUPA-I UNFADING INK-THIS IS A PERMANENT RI stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. he he AGE should CAUSE OF DEATH in plain terms, so that it may ation should be carefully supplied. TION is very important. WRITE PL

V. S. No. 1

20. FILED CARTEL 24-19.35.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Harson	Registration Dist. No. 184
Village or City Aky Coovel 8	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred Augustsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME IT MUMM Ferror	1
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH LIGHT LOOK (Year)
5a. If married, widowed, or divorced HUSBAND of COTTON	22. I HEREBY CERTIFY, That I attended deceased from 1984, to Cafrie 1985
6. DATE OF BIRTH (month, day, and year)	I last saw have alive on africa 100; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4. 4m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular	artanie Heart deane 1984
SAWYER, BODKKEEPER, etc. 20607262	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	-
this occupation (month and 1927 spent in this wife occupation	
12. BIRTHPLACE (city or town)	Other Contributary Causes of importance:
(State or country)	
13. NAME I Willem Lenary	
13. NAME ISUAM FERRAL 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME ducinda Hay?	23. If death was due to external causes (VIDL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
∑ (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Blands denay	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Chestrul Gran Detectford 26, 19.35	- Nature of injury
thereard North	24. Was disease or injury in eny wey releted to occupation of deceased? MO
19. UNDERTAKER 1 1) All Way Life Fr.	If so, specify
21 0 0 00000 10	(signed) Toh as to Magnorage 40

(Address) _____

Registrar.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

nfor- state JPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
of i	County The ford	Registration Dist. No. 184
item of should of OCC	Village or City	No. St., Ward
	Length of residence in city or town where death occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
3D. Every YSICIANS statement	2. FULL NAME PLICE CE MC	Guyan
RD. 1 YSIC state	(a) Residence: No.	St., Ward.
- H	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
THE THE	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
L Y.	Find Thile OR DIVORCED (write the word)	(Monyh) (Day) (Year)
X A GT I	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of FE THE THE	22. I HEREBY CERTIFY. That I aftended deceased from
	0 1/2 202	How lot 1934, to the 20, 1935; death is said
PE I E rly rate.	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the dete stated hove, at 10 P. m.
IS A Pl stated properly certificat	65 2/1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	9 Trade profession or particular	Disbute followed by Date of onset
HIS be be of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	right feniflying &
nay back	9. Industry or business in which work was done, as SILK MILL.	1
E E	(1) 10 Date deceased last worked at	
H H O	fhis occupation (month and 1935) spenf in this Life occupation	
NFADING pplied. AGI erms, so that instructions	12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
d.	(State or country)	
UNF.	13. NAME James Condisore	
supplin tern	14. BIRTHPLACE (city or fown).	Name of operation
= = 0	(Sitte of country)	Whaf test confirmed diagnosis?
efully in pla	15. MAIDEN NAME CHAPTER SECTION OF THE SECTION OF T	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
car car TH ports	5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
LY, We be carefu EATH in important	(Stafe or country)	Where did injury occur?(Specify city or town, county and State)
HAR	17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
shou E OF	18. BURIAL, CREMATION, OR REMOVAS	Manner of injury
II us	Place State Ottoge Date Cap 125, 1938	Nature of injury.
Mation CAUSI TION	19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
点图	20. FILED april 25, 1935) 6. L. Me Mabl.	(Signed) A C A Strate M. C
	Registrar. If more blanks are needed, address State Revistrar.	(Address) And Address Plant 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

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		MECELAED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

I	Every item of infor-	IANS should state	ment of OCCUPA-	
	RECKD. 1	PHYSIC	Exact state	/
	RMANENT	KACTLY.	classified.	
	S IS A PE	stated E	properly	certificate
	HIS	be	pe	Jo
	INK-T	Should !	it may	on back
	DING	. AGE	so that	uctions
	UNFA	upplied	terms,	e instru
	_	42	E	0
	WITH	fully	n plai	nt. S
Į	Y, WITH	carefully	'H in plain	ortant. S.
	INLY, WITH	be carefully	EATH in plain	important. S.
	PLAINLY, WITH	should be carefully	OF DEATH in plain	very important. S.
	RITE PLANTY, WITH UNFADING INK-THIS IS A PERMANENT REC. RD. Everylitem of infor-	ition should be carefully supplied. AGE should be stated EKACTLY. PHYSICIANS should state	NUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ON is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

IN COOPPORTY CINISTATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(189)
County Harford	Registration Dist. No. 185
Village or City Rafre de Brace	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmo	s. Therefore. How long in U.S. if of foreign birth?
2. FULL NAME Floyd doyle /A	o Sutirely .
(a) Residence: No. Expression (Usual place) of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Grand 8 1934
5a, If married, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of (or) WIFE of	22. A HEREBY CERTIFY, That I attended deceased from 1935 to Apr 8 1935
6. DATE OF BIRTH (month, day, and year) with 1918	I less saw him elive on apr 8 1, 193V; death is said
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, et 12 - Manager.
6 9 10 11 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were as follows:
9 Trade profession or particular	Date of onset
Kind of work done, as SPINNER, School - boy	Burns 1 / 2 - +
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	970
SAW MILL, BANK, etc	3-02922 OTE
this occupation (month and spent in this year) occupation	culing tody tou
ovaponom	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	-
13. NAME Carls The Suture	
14. BIRTHPLACE (city or town)	Neme of operation
(State of country)	Whet test confirmed diagnosis? Wes there an autopsy? 40
I 15. MAIDEN NAME Culu Burcham	23. If deeth was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME July Burcham 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Accident. Dete of injury 2007., 1935
(Stete or country)	Where did injury occur? Hogher & and State
17. INFORMANT Me Latine (Address) Bel his R. F.D. Mel	Specify whether injury occurred in INDUSTRY, in 100ME, or in PUBLIC PLACE.
18. BURIAL, CREMAJION, OR REMOVAL	Manner of injury / Durno
Place Mer, from Cincles Dete ligered 10, 1933	Nature of injury / Auro
19. UNDERTAKER Genry Jaming Stons (Address) Thed	24. Was disease or injury in any way related to occupetion of deceased? If so, specify
20. FILED aprel 7, 1935 Charle J. Faley n. D. Registrar.	(Signed) A Morge M. M. (Address) Alana M. G. Address A.
V	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B. WRITE PLAINLY, WITH UNFABING INK-THIS IS A PERMANENT REC-RD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING

Length of residence in city or town where deeth occurred yers	Cificil (9 , 193 st. (Yenr)
Village or City Length of residence in city or town where deeth occurred of the second of the word of the word occurred occur	St., Ward repital or institution, give its NAME instead of street and number) and in U.S. if of foreign birth? yrs. mos. ds. ard. If nonresident give city or town and State DICAL CERTIFICATE OF DEATH DEATH (Year)
(If death occurred in a ho Length of residence in city or town where deeth occurred of the service of the servi	ard. If nonresident give city or town and State DICAL CERTIFICATE OF DEATH DEATH (Day) (Year)
Length of residence in city or town where deeth occurred. Tyrs	ard. If nonresident give city or town and State DICAL CERTIFICATE OF DEATH DEATH Uponth) (Day) (Year)
2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED write the word) 5a. It married, widowed, as divorced HUSSAMD of (or) WIFE of 6. DATE OF BIRTH (month, dey, end yeer) 7. AGE Years Months Deys If LESS then 1 day, hrs. or min. The PRINCIPAL CA were as follows: 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which	DICAL CERTIFICATE OF DEATH DEATH Uponth (Day) (Year)
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. It married, widowed, or divorced HUSEAND of (or) WIFE of John Months 6. DATE OF BIRTH (month, dey, end yeer) 7. AGE Years Months Deys If LESS then 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER. A were as follows: 8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BDDKKEEPER, etc. 9. Industry or business in which	DICAL CERTIFICATE OF DEATH DEATH Uponth (Day) (Year)
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5a. It married, widowed, ar diversed HUSSAND of (or) WIFE of 6. DATE OF BIRTH (month, dey, end yeer) 7. AGE Years Months Deys If LESS then 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which	(Day) (193 (Year)
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6. DATE OF BIRTH (month, dey, end yeer) 7. AGE Years Months Deys If LESS then 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which	
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AGE Years Months Deys If LESS then 1 day. hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which	1. 1934, to affect 19, 1930
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which	alive on light 4, 1936; death is sai
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which	the date stated above/at _/m. USE OF DEATH and retated causes of importance
9. Industry or business in which	Date of onse
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	a mus . O Tra 1933
work was done, as SILK MILL, SAW MILL, BANK, etc.	m 11 Journal 11 V
year) Occupation Dther Contributory	Causes of importence:
12. BtRTHPLACE (city or town)	
(State or country)	
13. NAME CANCER BARE 14. BIRTHPLACE (city or town) Tarford Co., Neme of operation.	
14. BIRTHPLACE (city or town) Neme of operation.	Date of
What test confirmed	dlegnosis? Was there an eulopsy?
15. MAIDEN NAME / Lary Durnam 23. If deeth was due	to external causes (VIDL ENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. State or country) We are did in in the country of the coun	homicide?
(State or country) Where did injury or	(Specify city or town, county and State)
17. INFORMANT Specify whether in [Address] Have Du Grace Mod St.	ry occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, BREMATION, OR REMOVAL	<i>V.</i>
11-0 0 10	
20. FILEDUPIIS 1 . 1935 Beriha B. Kright (Signed) 1.	njury in eny wey related to occupation of deceasad? The

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

: 4 :	STATE OF MARYLAND—	CERTIFICATE OF DEATH									
infor- state UPA-	1. PLACE OF DEATH	(82-a)									
	County Harford	Registration Dist. No.									
E C .	Village or City Cooplewn	No. St., Ward									
0 /	Length of residence in city or town where death occurred mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs mos. ds.									
RD. Every PHYSICIANS of statement	2. FULL NAME Frederick noble monts										
SICI ate	(a) Residence: No. Rocks. Md.	St., Ward.									
RITYS	(Usual place of abode)	If nonresident give city or town and State									
R. PI Exact	PERSONAL AND STATISTICAL RABICULARS	MEDICAL CERTIFICATE OF DEATH									
MANENT RACTLY. assified. Ex	3. SEX 4. COLOR OR RACE 5. SINORE MARRIED, WIDOWED, OR DOORCED (write the ford)	21. DATE OF DEATH (Month) (Day) (Year)									
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jean Hours	22. I HEREBY CERTIFY, That I attended deceased from 2, 1935, to Office 3, 1935									
EX EX EX F. cl	6. DATE OF BIRTH (month, day, and year) Dec. 28, 1876	I last saw and alive on affect \$,1935; death is sald									
IS A PE stated E properly certificate.	7. AGE Yeers Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated bove, at _ 1_O /m.									
IS IS propertie	98 9 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset									
HIIS he be of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.	Cerebral Gemonloge afrz,									
ould may	work was done, as SILK MILL, SAW MILL, BANK, etc.										
Sh it	10. Date deceased last worked at this occupation (month and spent in this										
UNFADING Upplied. AGE terms, so that	year) occupation	Other Contributory Causes of importance:									
	12. BIRTHPLACE (city or town) (State or country)										
	13. NAME To her March 2.										
	14. BIRTHPLACE (city or town)	Name of operation Date of									
H Ully sulplain t	(State or country)	What test confirmed diagnosis? Wes there an autopsy? 2									
efully in pla ant.	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State of a country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:									
	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19									
LY, Id be can DEATH y import	(State) of country)	Where did injury occur? (Specify city or town, county and State)									
PAN	17. INFORMANT A STATE OF THE ST	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.									
	18. BURIAL COMMATION, ON REMOVAL	Manner of injury									
	Plice Date 1 July 1971	Neture of injury									
WRIT mation CAUS TION	19. UNDERTAKER Jacquelleger & Straft.	24. Was disease or Injury in any way related to occupation of deceased?									
	20. FILED afr. 4. , 1935 H. E. Richardson Registrat.	(Signed) Willard P. Kulon, M. D. (Address)									
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.									

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsu 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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OCCUPA 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? 2. FULL NAME S (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR-DIVORCED (write the word) classified 5a. If married, widowed, or divorced HUSBAND of 22 CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BtRTH (month, day, and year) properly 7. AGE Months 0ays If LESS than to have occurred on the date stated above, at ______m. I day. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 8. Trade, profession, or particular TION be kind of work done, as SPINNER, be Jo VEI SAWYER, BOOKKEEPER, etc. back may 9. Industry or business in which hould work was done, as SILK MILL RESER SAW MILL, BANK, etc Ö 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation Other Contributory Causes of importance MARGIN 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town in plain (State or country) efully What test confirmed diagnosis? MOTHER 15. MAIOEN NAME important DEATH 16. BIRTHPLACE (city or town) (Stata or country) pe Where did injury occur? plnods very OF (Address) 18. BURIAL. Manner of injury mation 5 TION Nature of injury (Address) If so, specify (Signed)

If nonresident give city or town and State

: death is said

Oate of onset

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?______ Oate of injury_____ 19__ (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceased? Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B. WRITE PLAKELY, WITH UNFADING INK-THIS IS A PERMANENT RECERD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state MARGIN RESERVED FOR BINDING

1.	County A	Sord	7		157)	Registration	Dist. No.	5 2
	Village or City	Blusi	m	Į.	No. death occurred in a hospital or ins			
	Langth of residence in ci	ty or town where de	ath occurred	y s mo	ds. How long in U.S.	if of foreign birth?	yrs	mos
2.	FULL NAME	120	H	aston	ul			
	(a) Residence: No.		(Usual place	e of abode)	St., Ward.	If nonreside	nt give city or town a	nd State
	PERSONAL AN	D STATISTIC	CAL PART	ICULARS	MEDICAL	CERTIFICAT	E OF DEATH	
3. S	M 4. COLO	R OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	Wonth)	14 (Day)	, 193 (Yaar
5a.	If married, widowed, or divo	orcad						
	(or) WIFE of				Chil HEREE	BY CERTIF	Plat I attenda	d deceased
6 0	DATE OF BIRTH (month, day	v and year)	Escil	13,1935	I last saw help alive on	afy	113 100	: death is
7. A		Months	Days	If LESS than	to have occurred on the date s	tated above, at	(A.m.	
		-		1 day, l hrs.	The PRINCIPAD CAUSE OF DI	EATH and related car	ises of Importance	
NO	8. Trada, profession, or pakind of work done, SAWYER, BOOKKEE	as SPINNER.			Trema	Jure 7-	isth.	Date of
OCCUPATION	9. Industry or business in work was done, as S SAW MILL, BANK,	which		•				
000	10. Date deceased last worthis occupation (mo year)	rked at	sp	time (years) entin this cupation				
12.	BIRTHPLACE (city or town) (State or country)	Hatto	rd. C	D. 746	Other Contributory Causes of it	mportanca:		
HER	13. NAME JOL	wife	Oro	loure				
FAT	14. BIRTHPLACE (city or to	(nwo		· In	Name of operation		Date of	
	(State or country)	, 14	nace	nu	What test confirmed diagnosis?		Was there a	n au'opsy?.
HER	15. MAIDEN NAME	e c	une	ewyer	23. If death was due to external			
MOT	16. BIRTHPLACE (city or to (State or country)	own)(nwi	Lin	ska	Accident, suicide, or homicida?		Date of Injury	, 19_
	INFORMANT 6	Constant	Lary	8-0	Where did injury occur? Specify whether injury occurre	(Specify city d in INDUSTRY, in I	or town, county and S IOME, or in PUBLIC	tate) PLACE.
18	BURIAL, CREMATION, OR F	REMOVAL	con	ma.				
10,	Place of the	Tifiel	Date Les	0.15. 19.31	Manner of injury			
19.	UNDERPHAND UNDERPHANDE (Address)	segu v	190	mil.	24. Was disease or injury in an	y way related to occu	pation of deceased?	
20.	FILEDEMAN 13-	13572	Ruha	edam	(Signed) Clay	ford	I. Aud	son

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenleritis	1 year

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STATE	OF	MARYLAND-CERTIFICATE OF	DEATH
017111	01	MATTER SERVICE ST	

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	-	~	0	-
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1. PLACE OF DEATH	93-0
County Drankard	Registration Dist. No. /84
Village or City Clardiff	
19	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	nos ds. How long in U.S. if of foreign birth?
2. FULL NAME Dedget Red	Levy
(a) Residence: No. (Usual place of algole)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) The showest	21. DATE OF DEATH (Sor 30 1935 (Month) (Day) (Yeer)
5a. If married, widowed, or divorced	(Teel)
HUSBAND of (or) WIFE of Semothy Redding	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) 1000. 26-185	18 lest saw har alive on after 20 ,193 ; death is said
7. AGE Years Months Days If LESS than	
86 5 10 1 dey,hi	were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Meyorault and Oate of onset
SAWYER, BOOKKEEPER, etc.	
SAWYER, BOUNKEEPER, etc. C. Industry or business in which work wes done, es SILK MILL, SAW MILL, SAW MILL, BANK, etc.	acute nightet
SAW MILL, BANK, etc	Chronic myocarditis Auration: tengenes
this occupation (month and 998 spent in this occupation 60	Cross Co.
12. BIRTHPLACE (city or town) — Leland (Stete or country)	Other Contributory Causes of Importances
13, NAME Unknown	
13. NAME Chenouru 14. BIRTHPLACE (city or town)	Name of a casting
(State or country)	Name of operation
W 15. MAIDEN NAME The Se of the	What test confirmed diagnosis? Was there an aulopsy? 23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
I	Accident, suicide, or homicide?
State or country) Mars arouve	Where did Injury occur?
17. INFORMANT Mrs. Mary Vaugh	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St. maryo Date May V 193	
19. UNDERTAKER Trubent Pararkin (Addiess) Delta Parkin	24. Was disease or injury In any way related to occupation of deceased?
20. FILED May let , 135 A.J. Me Matherson Registrar.	(Signed) Verney 2 Julianum M. D. (Address) Chroli II
	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	ADDITIONAL	SPACE F	OR F	FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR

MARGIN RESERVED

V. S. Ng

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	CERTIFICATE OF BEATTI
county Harbord Con	93-c)
	Registration Dist. No.
Village or City Vale Md.	NoSt.,Ward feath occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred 47_yrsmos	
2. FULL NAME William, Emery	Roberts
(a) Residence: No. Vale ma	A. U. U. L.
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Thanked	21. DATE OF DEATH april 2 1935
5a. If married, widowed, or divorced HUSBAND of Dec.	(Monyfr) (Day) (Yaar)
(or) WIFE of Mary Petto Robinson	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Oct 14- 1860	I last saw here alive on apr 2 , 19.35; death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the data steted above, at 93/Am.
74 5 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance wage as follows:
No breads - of-size - of-size	mysear dates (chronic) Date of onset
kind of work done, as SPINNER, Cane goods Backer SAWYER, BOOKKEEPER, etc.	artenoveleronia
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town). Harford lea	Other Contributory Causes of importance:
(State or country)	
13. NAME alphon Bobinson	
14. BIRTHPLACE (city or town) Harford Co	Non- of a 10
(State or country)	Nama of operation
15. MAIDEN NAME Pelaceloff, E.	What test confirmed diegnosis? Was Ihara an eu'opsy?
16 DIDTIDI ACT (Silverton) Balt Carl	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mass Many P. Robinson	Where did injury occur?(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Hellstin mul	
8. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Union Chafel Dete Cyn 4, 1935	Natura of injury
9. UNDERTAKER Dean & Jostin	24. Was disease or injury in any way related to occupation of decaased? 200
(Address) Belan Mad	If so, specify
10. FILED apr 4 1903 718 Richard con	(Signed) 100 topkens MD
Registrar.	(Address) Bal au red

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		B	

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Z.	1

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA-1. PLACE OF DEATH Jo should Registration Dist. No. (If death occurred in a horpital or institution, give its NAME instead of street and number) PHYSICIANS Every Length of residence in city or town where death occurred _mos. ds. How long in U.S. statement A PERMANENT RECORD. Ward. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH QR DIVORCED (write the word) 193 5 CTL (Month) (Day) (Year) properly classified 5a. If married, widowed, or divorced HUSBAND of HEREBY-, CERTIFY. That I attended deceased from EXA (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate 7. AGE Months Days If LESS than stated to have occurred on the date stated above, et 9:30 7 m. 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. Date of onset 8. Trade, profession, or particular NO kind of work done, es SPINNER, of SAWYER, BOOKKEEPER, etc ... back 9 todustry or business in which may should work was done, as SILK MILL. SAW MILL, BANK, etc ... 220 no 10. Date deceased last worked at 11. Total time (years) this occupation (month end spent in this so that occupation instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) supplied. plain terms. FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation. (State or country) carefully What test confirmed diagnosis? Was there an autopsy? MOTHER important. 15. MAIDEN NAME in 23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? DEATH Date of Injury 16. BIRTHPLACE (city or town) (State or country should be Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. very OF (Address) WRITE Manner of injury CAUSE mation LION Nature of injury 24. Was disease or injury in any way related to occupation of deceased? (Address) If so, specify (Signed) 20. FILED CL (Address). Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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principal cause of death and related causes in portance were as follows: k of epilepsy over by street car onitis	1 week ago 1 week ago 3 days ago
over by street car	1 week ago
	1 week ago
onilis	3 days ago
er contributory causes of importance:	
coenteritis	1 year
	er contributory causes of importance:

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Example 1		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M)	ery item of infor-	NS should state	ent of OCCUPA-	,
	NT RECORD. EV	LY. PHYSICL	. Exact statem	
FOR BINDING	IS A PERMANE	stated EXACT	properly classified	ertificate.
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECARD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
MAR	LAINLY, WITH UNI	uld be carefully suppl	DEATH in plain terr	ry important. See ins
10.1	VARITE P	mation sho	CAUSE OF	TION is ve

1. PLACE OF DEATH	(10)-20)
County Slanford,	Registration Dist. No. 185
Village or City Have de Source.	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME froseful Polymer A Sel (a) Residence: (No. 1503 1 dashu) (Usual place of abode)	mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OR DIVORCED (write the recovered)	
a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Selaffer.	22. Of HEBEBY CERTIFY That I attended deceased from 13, 19,35, to example 19,35
DATE OF BIRTH (month, day, and year) July 4 - 10	77 I last saw hex alive on Africa 14, 19135; death is sai
	SS than to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	· Brunche Krumona
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	acute myvearditie
10. Date deceased last worked at this occupation (month and year) 11. Total time (years spant in this occupation	
2. BIRTHPLACE (city or town) Newark. (State or country) New Occasion.	Other Coatributory Causes of importance:
13. NAME John Denner. J 14. BIRTHDLACE (city or town). If	Calland January
(State of country)	Name of operation Date of What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME / WILLIAM . J	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country) 7. INFORMANT ward B. Keent. (Address) Have de mace, and	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Speculia few. Date apr. 1	Manner of injury Nature of injury
9. UNDERTAKEN Jume de farace. ruid	24. Was disease or injury in any way related to occupation of deceased? If so, specify
O. FILED agril 16, 1936 Charles J. Taley	M. (Signed) Martles Tolly M. (Address) Januar all Seary Ing

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	ICIA	N
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STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA 1. PLACE OF DEATH item of should Registration Dist. No. Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) S Length of residence in city or town whara death occurred 14 How long in U.S. if of foreign birth? statement PHYSICIAN RD. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) PERSTANEN (Month) (Day) (Yeer) assified 5a. If married, widowad, or divorced HUSBANO of 22. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of X certificate, 6. DATE OF BIRTH (month, day, and year) 7. AGE to have occurred on the date stated above, at 1:45 pm. Years If LESS than Months I day, hrs. The PRINCIPAL CAUSE OF DEATH and releted cauchs of importance min. 01 Date of onset 8. Trada, profession, or particular THIS NO kind of work done, as SPINNER, jo SAWYER, BODKKEEPER, etc ... may back PA 9. Industry or business in which should work was dona, es SILK MILL, SAW MILL, BANK, atc ID. Date deceased last worked at on 00 11. Total time (yaars) this occupation (month and spant in this that GE occupation __ instructions Other Contributory Causes of importanca: 12. BIRTHPLACE (city or town) (State or country) supplied ATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation E (State or country) plai carefully What test confirmed diagnosis?. Was there an autopsy? α important. 15. MAIOEN NAME HE in 23. If death was due to axtarnal causes (VIOLENCE) fill in also the following: MOTI 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?___ DEATH (State or country be Where did Injury occur? ... (Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. should very (Addrass) OF 18. BURIAL, CREMATION, DR Manner of injury CAUSE mation LION Neture of Injury 24. Was diseese or Injury in any wey related to occupation of deceased 19. UNDERTAKER (Address) If so, specify (Signad) 20. FILED Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE	OF	MARYI	AND-	CERTIF	ICAT	FO	F D	FA	TH
SIAIL		MINIT	AIVU.	CLIVIII	ICAI				

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1. PLACE OF DEATH	—— GEP
County Adarbord	Registration Dist. No.
Village or City Clardeen B 4 D	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
9. 20 1 2000	ds How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Mr. Charles C. Taylor	35:1
(a) Residence: No. Lilling (Usual place of abode)	St. Cutscherd. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OD RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR DIVORCED (write the word)	Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WHE of Mus. Susce B. Jaylor	1 HEREBY CERILEY. That I attended a seed from
6. DATE OF BIRTH (month, day, and year) 4 - 185/	I last saw h A alive on 1 1 1 1935 ; death is said
6. DATE OF BIRTH (month, day, and year) WMC 24 - 1837 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7/125 Pe.m.
83 9 10 22 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
	were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Farmer SAWYER, BOOKKEEPER, etc.	Oslerio Jobson
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1000
U 10. Date deceased last worked at (1) 11. Total time (yeers)	To They complexioling
this occupation (month end) 934 spant in this 65 722	
12. BIRTHPLACE (city or town) Phila:	Other Contributory Causes of importance:
(State or country)	Ch hauslian
13. NAME James R. Jaylor	
E Tanala de	Name of operation Date of
(State or country) & England	Whet test confirmed diagnosis? Clease S Was there an aulopsy?
15. MAIDEN NAME Martha line Col 16. BIRTHPLACE (city or town) Botton	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Bolton	Accident, suicide, or homicide?
(State or country) England	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MISS. Winter A. Hunton (Address) alunder Miss. a.t. D	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Masleyton Chapte Date light 19, 1935	Nature of injury
19. UNDERTAKER Stenry January Hong	24. Was disease or injury in any way related to occupation of deceesed?
(Address) Checked Ind	If so, specify 4
20. FILED 19 195-4. C. Ohecha	(Signed) The Suite Bly M. Dy
Registrar.	(Address) Harr Ev & Zace Harl

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

STATE OF MARYL	AND-	CERTIFICATE	OF DEAT	9.0 H	279
1. PLACE OF DEATH		(20-02)			
County Harford Co		(82-01)	Registration Dis	st. No. 18	2
Village or City New Belan and		No.		St	Ward
Length of residence in city or town where death occurred 6 ye	(If o	death occurred in a hospital or institut	ion, give its NAME in foreign birth?	stead of street and n	number)
(a) Residence: No. ' Correctly Here	U_de)	St., Ward.	If nonresident giv	e city or town and	State
PERSONAL AND STATISTICAL PARTICUL	ARS	MEDICAL CE	ERTIFICATE C	F DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (with without or with the control of the cont	ite the word)	21. DATE OF DEATH	ass	2	, 1935
5a. If merried, widowed, or divorced HUSBAND of			(Month)	(Day)	(Year)
(or) WIFE of Wishing		22. I HEREBY	CERTIFY.	That Lattended d	deceased from
6. DATE OF BIRTH (month, day, and year) 4-10-6	0	I last saw harmanive on	man 36	1935	: death is said
	f LESS than	to have occurred on the date stated	above, at 1307		,
	ay,hrs.	The PRINCIPAL CAUSE OF DEATH were as follows:	H and related causes o	f importance	
& Frade profession or particular			Q1		Oate of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked et this occupation (month and		County 1	Hemn	rhoge	6 ms.
10. Oate deceased last worked et this occupation (month and year)	nis				
12. BIRTHPLACE (city or town) Bulta (State or country) mid		Other Contributary Causes of impor	tence:		
		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
E Pot					
(State or country)		Name of operation	5000	Date of	
15. MAIOEN NAME Q. Micha		What test confirmed diegnosis?	rura	Was there an au	
16. BIRTHPLACE (city or town) Balls		23. If deeth was due to external caus Accident, suicide, or homicide?			
17. INFORMANT Clark Fitz natrul		Where did injury occur? Specify whether injury occurred in	(Specify eity or tow INOUSTRY, in HOME,	n, county and State) OF
(Address) Belay mid					
18. BURIAL, CREMATION, OR REMOVAL Flare Co. Homes Place Copies 5 1935 Oate apr 5		Menner of Injury			
19. UNDERTAKER Lean & foster (Address) Belli med		24. Was disease or injury in any way	y related to occupation	of deceased?2	0
01. 1= 31 01	1	il so, specify	. 0 0	78	***

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	Example II	
The principal cause of death and related causes of importance were as follows	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	Run over by street car	1 week ago
Cerebral hemorrhage Dity 5, 1027	Peritonitis Peritonitis	3 days ago
1977 AND 1		
Other contributory causes of importance:	Other contributory causes of importance:	
Gallstones May 1,1925	3 Gastroenteritis	1 year

should be stated EXACTLY. PHYSICIANS should state

of OCCUPA-

Exact statement

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

AGE

B.

STATE OF MARYLAND-CERTIFICATE OF DEATH

ODDCI.

1. PLACE OF	DEATH				5
County	Harford			Registration Dist. No.	01
Village or Cit	tyA_	berdeen.	Md	No. St	Ward
Longth of resid	ence in city or town where (death occurred		death occurred in a hospital or institution, give its NAME instead of street a ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAW	ME. About	3months	s miscarr	iage Travers	
	e: No	5 14 O 24 - 04 2 E	3 616-76-30, 60-60-71. 3E	St Ward.	
		(Usual place		If nonresident give city or town	
	AL AND STATIST	1		MEDICAL CERTIFICATE OF DEATH	i
3. SEX 2	4. COLOR OR RACE		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH April 2nd/35	, 193
Se. If married, widowe	d, or divorced			(Month) (Oay)	(Year)
HUSBANO of (or) WIFE of				22. I HEREBY CERTIFY, That I attend	
				, to, to	
6. DATE OF BIRTH (IT 7. AGE Yeers	1	pril 2nd		I last saw h alive on	; death is said
7. AGE Yeers	s Months	Oays	If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
9 Yearly restran			ormin.	were as follows:	Date of onset
kind of wo	ion, or particular ork done, es SPINNER, BOOKKEEPER, etc			A 7	
9. Industry or bu	usiness in which			About 3 months miscarriage	
SAW MILL	done, as SILK MILL, , BANK, etc				
10. Date deceased this occupa year)	ation (month and	sper	me (years) It in this Ipation		
12. BIRTHPLACE (city	or town)			Other Contributory Causes of importance:	
(State or count					
13. NAME Ha	rold Vance	Travers	ž		
14. BIRTHPLACE ((city or town)	Aberdee	en, Md.	Name of operation	
(State or c				What test confirmed diagnosis? Was there	
15. MAIOEN NAM			Armour	23. If death was due to external causes (VIOLENCE) fill in also the follow	ving:
16. BIRTHPLACE (city or town)	th East	Ald.	Accident, suicide, or homicide?	, 19
17. INFORMANT	rs.Harold	ravers		(Specify city or town, county and Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATIC	ON, OR REMOVAL			Manner of injury	
Place		Oate	, 19	Nature of injury	
19. UNDERTAKER(Address)				24. Was disease or injury in eny way related to occupation of deceased?	
4 11	25-10	(the	Clare	(Signed) / 1 / Lump	
20. FILEO	, 1922		Registrar.	(Address) Aledae nd	M. O.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinuer, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

item of infor-	should state	of OCCUPA.	
T RECORD. Every	Y. PHYSICIANS	Exact statement	
IS A PERMANEN	stated EXACTI	properly classified.	ertificate.
HIS	e e	e	jį
DING INK-TI	AGE should !	so that it may b	ctions on back o
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Haldard	Registration Dist. No.
Village or City Mensurtmile	No. St., Ward
). (II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred mos	ds/ How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Hary Ella	Adder
(a) Residence: No. (Usual place of abode)	St., Ward. • If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWRD,	21. DATE OF DEATH
Terrale White Marrie the word)	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of	22 I HEREBY CERTIFY, That I attended deceased from
(or) WIFE OF Henry Gracker	gan 5, 1935 10 Opul 25 1935
6. DATE OF BIRTH (month, day, and year) Feb. 9 1855	last saw har alive on Opul 18 1935 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
20 2 16 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related courses of importence
8. Trade, profession, or perticular	Frolling of the (Left) Date of onest
SAWYER, BOOKKEEPER, etc. Seuse Tile	11/ 0/1/20
9. Industry or business in which work was done, as SILK MILL.	accidentally tripped , send fell to the Plant,
SAW MILL, BANK, etc.	- 0
	- Fractioning har hip - Good &
year)occupation	Dthar Contributory Causes of importance:
12. BIRTHPLACE (city or town)	gaugeen of left foot
(State or comptry)	
13. NAME W TO CKEY 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What lest confirmed diagnosis? Xa Cou Was there an au'opsy? 25
15. MAIOEN NAME WALL Starm	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stata or country) Allulasta, file	Where did Injury occur?
17. INFORMANTAL / J. J. Halker	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury accidental fall.
Place friend Ship Date 40, 18 81930	Neture of injury
Hazeld under G	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKEN ALL TOUR CANDESS (Address)	If so, specify
(16) 15- 06-11 PRichard	(Signed) Willard 9 Suddon M.D.
20. FILED Registrar.	(Address) Inest Kell Ind

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the rolative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	The second	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH state OCCUPA-1. PLACE OF DEATI plnods Registration Dist. No. 180 (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence In city or town where death occurred How long in U.S. if of foreign birth? statement St., (a) Residence! No. (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) PERMANENT doner EXACTL (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. HEREBY That attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months Days If LESS than to have occurred on the date stated above, at, stated 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset Trade, profession, or particular NO be be kind of work done, as SPINNER, JO SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, may back plnods OCCUPA SAW MILL, BANK, etc ... 1D. Date deceased last worked at on 11. Total time (years) this occupation (month and spent in this that occupation instructions Other Contributory Causes of Importance 12. BIRTHPLACE (city or lown) (State or country) supplied. plain terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) (State or country) be carefully What test confirmed diagnosis?___ Was there an au'opsy MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, sulcide, or homicide? DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) hould Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE very (Address) OF 18. BURIAL, CREMATION, OR REMOVE Manner of injury CAUSE mation LION way related to occupation of deceased? Registrar. (Address) 55 If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

11/1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF	MARYL	AND-	CERTI	FICATE	OF	DEATH
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	4
STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(82-ja)
County Starford	Registration Dist. No. 184
Village or City O Darlington	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or toyo where death occurred 14 yrs	ds How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Sarah a A	elister
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the Word)	21. DATE OF DEATH Afril (Day) (Year)
58. If married, widowed or dispreed WYSBAND of Charles Helister	22. 1 HEREBY CERTIFY, That I attended deceased from Opril 7, 1935, to Opril 7, 1935
6. DATE OF BIRTH (month, day, and yeer) Luc, 191860	I last saw have alive on agrice of 19 30; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove/ats Pm.
74 3 /8 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Qaje plonset
8. Trade, profession, or particular kind of work done, as SPINNER, Houseways SAWYER, BOOKKEEPER, etc.	apolepy 4/7/30
9. Industry or business in which work was done, as SILK MILL, At John SAW MILL, BANK, etc. 10. Data descend last worked et 1 92 3 11. Total time (years) 9 this securation (month end 1 92 3 11. Total time (years) 9 th	
10. Dato decessed last worked et this occupation (month end 1 925) 11. Total time (years) spent in this year)	
12. BIRTHPLACE (City or town) Harford Co, (State or country)	Other Contributory Canses of importence:
13. NAME Clesader Berry	
13. NAME (leyader Berry 14. BIRTHPLACE (city or Lown) Harford	Name of operation Date of
(Stete or country) 0 mq,	What test confirmed diagnosis?
15. MAIDEN NAME (M) Place 16. BIRTHPLACE (city or town) Tarford Co. 1 (State or country)	23. II death wes due to external causes (VIOLENCE) lill in elso the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Charles a Welister	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Stosanna Cimoete Upril 7, 1936	Neture of injury
19. UNDERTAKER St. S. Bailey (Address) Dan Campaton Mind	24. Was disease or injury in eny wey related to occupation of deceased?
20. FILE april 9, 1935 Mi, A. Kirke	(Signed) f. Suod grand M.D. (Address) Darkington md
	2411 N. Charles Street, Baltimore, Requesting V. S. Vo. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of eause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	l)	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory eauses of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH	
DEATH.					

0.7234

× 4	STATE OF MARYLAND-	CERTIFICATE OF DEATH						
	1. PLACE OF DEATH	W.						
	County Harford	Registration Dist. No. 18						
	Village or City Havrede Grace Md.	No. 616 Union are St., Ward						
		If death occurred in a hospital or institution, give its NAME instead of street and number) s						
1	2. FULL NAME Sadie William	2. FULL NAME Sadie Willeams						
/	(a) Residence: Np. 6/6 S, Tunion and (Usual place of abode)	St., Ward. If nonresident give city or town and State						
/	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH						
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Tempole Slack 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH afferil 7 1935						
	5a. If marriad, widowed, or diversed	- (Month) (Day) (Year)						
	HUSBAND of Tobert Williams	22. I HEREBY CERTIFY, That I attended deceased from						
re.	6. DATE OF BIRTH (month, day, and year) Dec. 201880	I last saw here alive on Chare 6 1935; death is said						
ical	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$ 45 A_m.						
certifi	54 3 /7 lay,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance						
of ce	8. Trade, profession, or particular kind of work dona, as SPINNER, A House duties SAWYER, BOOKKEEPER, etc.	Late of one of						
back	9. Industry or business in which work was done as STI K MIII	5-21-38						
on	SAW MILL, BANK, etc 1D. Date deceased last worked at this occupation (month and 1/4/935 spent in this year) occupation occupation.							
instructions	12. BIRTHPLACE (city or town) Harfool Co	Dther Contributory Causes of importance:						
stru	(State or country)	acute myocarditis 44.35						
	13. NAME Hichard Hawkins	acute replutes 4.4.35						
See	14. BIRTHPLACE (city or town) Darford Co (State or country)	Name of operation Date of						
	15. MAIDEN NAME (A roofing 4 land.	What test confirmed diagnosis? Was there an autopsy? Wull						
ımportant	1.1.1 2/ 2.	23. If death was due to external causes (VIDLENCE) fill in also the following:						
por	O 16. BIRTHPLACE (city or town) Tarford Co (State or country)	Accident, suicide, or homicide?						
very ım	17. INFORMANT Pay Hawkins (Address) 6/6 & yours are	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.						
IS Ve	18. BURIAL, CREMATION, OR REMOVAL Place France Trill Date Opp. 8, 1935	Manner of injury						
1100	19. UNDERTAKER 1. 11/1 a dison Mitchell (Address) Laure de Grand	24. Was disease or injury in any way related to occupation of deceased?						
	20. FILED Spr. 10, 1935 Cheeles Jaley m. 8	(Signad) Caude Course M.D.						
	Registrar.	(Address) 3 3 of W. Clay Mr. Have de grace						

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS	BY	PHYSICIAN
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	CERTIFICATE OF DEATH
1. PLACE OF DEATH	207-m
County Harson	Registration Dist. No.
Village or City Hayre de Fra Ce	No. St., Ward f deathy occurred in a hoppital or institution, give its NAME instead of street and number)
	s. Thes. ds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Charles Wilmer	Worthington
(a) Residence: No. Werdeen Cui	sick. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Chine Horkington	april 18, 19 25, to april 18, 19 35
6. DATE OF BIRTH (month, day, and year) July 15-1894	I last saw h allve on, 19; death is said
7. AGE Years Months Oays If LESS than 1 day,hrs,	to have occurred on the date stated above, at
40 8 3 1 day,min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Day Labour SAWYER, BOOKKEPER, etc.	Tracluredy skull
9 Industry or business in which	Chosen neck
work was done, es SILK MILL, SAW MILL, BANK, etc	
11. Total time (years)	
year) 1938 occupation 20972	Other Coatributary Causes of importance:
12. BIRTHPLACE (city or town) Aarf was City	
(State or country) Maryland	
13. NAME Exches Parthington	
(State or country)	Name of operation Date of
Colore of country)	What test confirmed diagnosis?
	23. If death was due to external causes (VIOLENGE) fill in also the following:
(State or country)	Accident, suicide, or homicide? Accident, bate of injury
20.5° W. 18.11	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY. In HOME, or in PUBLIC PLACE.
17. INFORMANT MAD: CAMPAGE PARTIES	Jublic Clase
18. BURIAL, CREMATION, OB REMOVAL	Manner of injury Struck by BYQ. 6 Mquel
Place MM. Calvey rectione light 21,1935	Neture of injury Practicut Stull
19. UNDERTAKER Sansy Javing Sons (Address)	24. Was disease or injury in any way related to occupation of deceesed?
DO. FILEO Caps. 19 185 Charles & Feler n. D.	(Signed) boseph Hamburger Corollymb

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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